













CHECK LIST FOR INDIVIDUAL PROVIDER REVALIDATION

1.  **SINGLE SIGN ON(SSO) NAME AND PASSWORD**
2.  **CHAMPS PROVIDER APPLICATION NOTIFICATION NUMBER**
3.  National Provider Identifier (NPI)
4.  Last Name, First Name
5.  Address Information
6.  Social Security Number
7.  Date of Birth
8.  Applicant Type
 - a. Individual/Sole Proprietor
 - b. Rendering/Servicing Only
9.  License/Certification Numbers
 - a. Associated dates
 - b. Choices:

AOA	American Osteopathic Association
CAP	College of American Pathologists
CMS	Centers for Medicare and Medicaid Services
DEA	Drug Enforcement Agency
L	License
10.  Ownership Information and Ownership in other Medicare/Medicaid Entities
 - a. Names
 - b. SS#/EIN/TIN#
 - c. Owners Phone Number
 - d. Owners Address
 - e. Percentage of ownership 5% or greater
 - f. Relationship
 - g. Associated Dates
 - h. Owner Type
 - i. Individual/Sole Proprietor
 - ii. Partnership
 - iii. Corporate
 - iv. Corporate-Charitable 501[c]3
 - v. Corporate-Non Charitable
 - vi. Government
 - vii. Foreign, Nonresident Alien
11.  Provider Specialty/Subspecialty Information
 - a. Board Certified
 - i. Certificate Number
 - b. Board Eligible
 - i. Start Date
 - c. Certification/License Number
12.  Taxonomy Code
 - a. Start Date
13. Billing Provider NPI and/or Billing Agent ID

- a. Association Start and End Date
14. Managing Employee
 - a. Name
 - b. Social Security Number
15. ☒ Phone Number
16. Accept 835
17. Fax Number
18. Email Address
19. Web Page
20. Office Hours
21. Gender
22. Handicap Accessible
23. Communication Preference
24. Language Spoken
25. Mode of Claim Submission
 - a. Data Exchange Gateway (DEG)
 - b. Electronic Batch
 - c. Billing Agent
 - d. Direct Data Entry
 - e. Paper
26. Provider Class
 - a. Choices:

AA	Anesthesiologist Assistant
AUD	Audiologist
CNM	Certified Nurse Midwife
CRNA	Certified Registered Nurse Anesthetist
CSW	Certified Social Worker
DC	Doctor of Chiropractic
DDS	Doctor of Dental Science
DO	Doctor of Osteopathy
DPM	Doctor of Podiatric Medicine
HAD	Hearing Aid Dealer
LPN	Licensed Practical Nurse
MD	Medical Doctor
MSW	Master Social Worker
NP	Nurse Practitioner
OD	Optometric Doctor
OT	Occupational Therapist
PA	Physician Assistant
PSD	Psychologist
PT	Physical Therapist
RN	Registered Nurse
27. . Questions:
 - a. Have you ever had a Program Exclusion/Debarment?
 - b. Have you ever had a Criminal or Health Related Conviction?
 - c. Have you ever had a Judgment Under any False Claims Act?
 - d. Have you ever had a Civil Monetary Penalty?
 - e. Do you need to request a Retro Enrollment Date? If so, what date are you requesting?
 - f. Are you applying as a Private Duty Nurse for Private Duty Services?
 - g. Is your W-9 current on Vendor Registration? If not please go to www.cpexpress.state.mi.us
 - h. If you are using a Billing Agent, has the Billing Agent been approved?
 - i. ☒ Are you accepting new clients?

☒ REQUIRED INFORMATION